

INDIANA WIRELESS ENHANCED 911 ADVISORY BOARD

**Indiana Treasurer of State
242 State House
Indianapolis, Indiana 46204-2792**

PSAP PHASE II COST RECOVERY STATEMENT

PSAP: _____

CONTACT: _____ **PHONE:** _____

ADDRESS: _____

In accordance with I.C. §§ 36-8-16.5-1 *et seq.*, we submit the following:

- 1) total monthly recurring costs ("MRCs") and nonrecurring costs ("NRCs") for Phase II E911 implementation through June 30, 2005; and,
- 2) total reimbursement received through June 30, 2005.

Total Phase II implementation costs through 6/30/05	\$ _____
Less: Total Phase II implementation reimbursement through 6/30/05	_____
Balance due from/to Indiana Wireless E911 Board	\$ _____

CERTIFICATION

I swear or affirm, under the penalties of perjury, that the representations contained in the foregoing PSAP Cost Recovery Statement are, to my knowledge, accurate and that _____ has actually expended the costs for which it now seeks reimbursement.

Signature of President, Board of Commissioners
_____ County or authorized representative

Date

Title